

distinct forms. In some cases it is simply an episode in the course of another more or less systematized delirium. In other cases it is the result of an irresistible impulse. This is real pyromania; here the pyromaniac burns, the same as the dipsomaniac drinks. Finally, the third class of pyromaniacs are those individuals who are suffering from some form of degeneration, and who commit the incendiarism as a result of some futile motive.

He gives here the history of an entire family of pyromaniacs. All the members of this family are hereditarily degenerated, almost weak-minded, without will-power or constancy. In this family there are three incendiaries. These three differed from ordinary pyromaniacs, inasmuch as the incendiary impulse did not develop at the time of puberty; the one case had long passed this period, and the two others had not yet reached it. Neither did they seem to obey any morbid impulse returning periodically and under almost identical circumstances. On the contrary, they were always guided by a certain motive. In the one case it was the desire for vengeance, any supposed insult being avenged by throwing a burning torch into the enemy's house; and the other two it was simply self-gratification, the pleasure experienced at seeing the flames.

These cases differ legally from the cases of incendiarism due to morbid impulse, for the former suffer only from a weakened will, and are able to combat the criminal idea, while for the latter any struggle is impossible.

#### UN CAS DE PSYCHOSE ÉPILEPTIQUE.

Dr. Chatelan (*Annales Médico-Psychologiques*, p. 383, 1889) first recalls some well-known facts about psychoses following epilepsy, and then gives the detailed account of a legal case. The case is instructive in so far as the patient apparently was the possessor of perfect intellectual health. A young man occupies himself with all the duties required of him, does office-work, studies at a commercial college, and leads his daily life without exciting any surmise that he is not as he should be. Suddenly, without any provocation, he makes an attack upon a stranger, is arrested, and medi-

cal examination shows him to be affected with petit mal. C. finally says: "Any unaccustomed criminal act, absurd in its ends or means, must, even if the person committing it is apparently in the most perfect health, be made the object of a careful medical examination."

G. W. J.

#### RACHITIC PSEUDO-PARAPLEGIA.

In the *Medical Record* of Nov. 16, 1889, Dr. Henry W. Berg makes some statements of value and interest concerning this condition, of which the symptomatology is about as follows: The little patient, of two, four, or even five years of age, is unable to walk, and younger children to stand or sit up. Efforts to walk are not made without aid, as a general thing; but when such efforts are made, the feet and legs are spread wide apart—for better basis of support—and the body bent forward to maintain equilibrium. Stumbles and falls are frequent, and the little patient walks like a partial paraplegic. Examination shows a rachitic body; costal cartilages marked by so-called rachitic rosary; tenderness in the body of the muscles and over bony prominences at muscular insertions. Demonstration proves that every muscle retain its power intact.

Rachitis is not a disease of the bones, *per se*, but a disease of the blood, affecting all the structures of the body, with lesions especially located in osseous structures, though not confined to these, but affecting materially muscles, ligament, and fibrous tendons. Differential diagnosis in forms of paraplegia seen in childhood is sometimes difficult. Electricity will settle the point in regard to poliomyelitis and rachitis. In the first condition, the muscles do not respond to the faradic current. In the second, contractility is preserved and normal. The reaction of degeneration is absent in rickets, the reaction being normal,  $\text{Ca.C.C.} > \text{An.C.C.}$ ,  $\text{Ca.O.C.} < \text{An.O.C.}$ , or entirely absent.

Paralysis due to poliomyelitis has the characteristic galvanic reaction of degeneration. It is with greater difficulty that paralysis following diphtheria and cerebro-spinal meningitis is distinguished from rachitic pseudo-paraplegia. In these the nerve-centre lesion being temporary, recovery